ADULT ABUSE, NEGLECT, EXPLOITATION CENTRAL REGISTRY RELEASE OF INFORMATION

I, (PRINT ONLY	,	, give permission	n for the release of i	nformation concerning
myself in the Adult Abuse, Neglect	•	otral Registry to:		
Contact Person(s)*	•	itrai registry to:	Phone	j
Agency name				
Agency mailing addres				
Check box if agency is a CI				
Maiden Name and/or Other Name		LING		
Walder Name and of Calor Name	_		(PRINT ONLY)	
			,	
Address:	_			
Street	City	State	Zip Code	
		00"		.
DOB: / / (mm/dd/yyyy)		SS#:		Sex: M or F (circle one)
((5.1.51.5)
I understand that all information organization/person. I have reacthe best of my knowledge.	d and understand	u tilis lottii aliu tile i	imormation provide	
organization/person. I have react the best of my knowledge. I give permission for the release Registry each year while I am er Signature: Per statute 65-6205: Community Serv the purpose of obtaining background i	e of any informati mployed or associ rice Providers, Menta information on applic	ion concerning mys ciated with the abov al Health Centers and Ir	relf in the Adult Above agencyY Date: Date:	use and Neglect Central fes No / / (mm/dd/yyyy) nters may request information for
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Protection Services
Strong Families Make a Strong Kansas